



# NERVOUS CHILDREN AND THEIR TRAINING

*Dr. J. Hygiene*

By

**C. MACFIE CAMPBELL, M. D.**

Johns Hopkins Hospital, Baltimore

THE NATIONAL COMMITTEE FOR  
MENTAL HYGIENE, Inc.

50 Union Square

New York City

1919

# The National Committee for Mental Hygiene

FOUNDED 1909

INCORPORATED 1916

50 UNION SQUARE, NEW YORK CITY

## President

DR. LEWELLYS F. BARKER

## Vice-Presidents

CHARLES W. ELIOT

DR. WALTER B. JAMES

DR. WILLIAM H. WELCH

## Treasurer

OTTO T. BANNARD

DR. LEWELLYS F. BARKER  
DR. GEORGE E. FERNALD  
DR. C. FLEMING  
DR. C. H. KIRBY

## Committee on

DR. WALTER E. FERNALD  
DR. L. PIERCE  
DR. C. FLEMING  
DR. C. H. KIRBY

## Finance

DR. WALTER B. JAMES  
OTTO T. BANNARD  
RUSSELL H. CRITTENDEN  
DR. WILLIAM H. WELCH  
STEPHEN P. DUOOAN  
W. H. P. FAUNCE

YALE



MEDICAL LIBRARY

MRS. MILO M. ACKER, New York  
JANE ADDAMS, Chicago  
EDWIN A. ALDERMAN, C  
MRS. A. A. ANDERSON, N  
DR. PEARCE BAILEY, NS  
DR. CHARLES P. BANCROFT  
OTTO T. BANNARD, New  
DR. LEWELLYS F. BARKER  
DR. ALBERT M. BARRETT  
DR. FRANK BILLINGS, Ch  
SURO. GEN. RUPERT BLUE, Washington  
DR. GEORGE BLUMER, New Haven  
DR. G. ALDER BLUMER, Providence  
WILLIAM H. BURNHAM, Worcester  
DR. C. MACFIE CAMPBELL, Baltimore  
RUSSELL H. CRITTENDEN, New Haven  
DR. L. PIERCE CLARK, New York  
DR. WILLIAM B. COLEY, New York  
DR. OWEN COPP, Philadelphia  
DR. CHARLES L. DANA, New York  
C. B. DAVENPORT, Cold Spring Harbor, N. Y.  
STEPHEN P. DUOOAN, New York  
CHARLES W. ELIOT, Cambridge  
DR. CHARLES P. EMERSON, Indianapolis  
ELIZABETH E. FARRELL, New York  
W. H. P. FAUNCE, Providence  
KATHERINE S. FELTON, San Francisco  
DR. WALTER E. FERNALD, Waverley, Mass.  
JOHN H. FINLEY, Albany  
IRVING FISHER, New Haven  
MATTHEW C. FLEMING, New York  
HOMER FOLKS, New York  
DR. CHARLES H. FRAZIER, Philadelphia  
JAMES, CARDINAL GIBBONS, Baltimore  
ARTHUR T. HADLEY, New Haven  
DR. WILLIAM HEALY, Boston  
DR. ARTHUR P. HERRING, Baltimore  
HENRY L. HOOBINSON, Boston  
DR. AUGUST HOCH, Santa Barbara, Cal.  
WILLIAM J. HOOBSON, Greenwich, Conn.  
DR. WALTER B. JAMES, New York  
MRS. WILLIAM JAMES, Cambridge  
HARRY PRATT JUDSON, Chicago

V. EVERITT MACY, Scarborough, N. Y.  
MARCUS M. MARKS, New York  
MRS. WILLIAM S. MONROE, Chicago  
DR. J. MONTGOMERY MOSHER, Albany  
DR. FRANK P. NORBURY, Jacksonville, Ill.  
WILLIAM CHURCH OSBORN, New York  
DR. STEWART PATON, Princeton  
DR. FREDERICK PETERSON, New York  
HENRY PHIPPS, New York  
GIFFORD PINCHOT, Washington  
FLORENCE M. REETT, New York  
DR. ROBERT L. RICHARDS, Talmage, Cal.  
MRS. CHAS. C. RUMSEY, Wheatley Hills, N. Y.  
DR. WILLIAM L. RUSSELL, White Plains, N. Y.  
JACOB GOULD SCHURMAN, Ithaca  
DR. ELMER E. SOUTHWARD, Boston  
DR. M. ALLEN STARR, New York  
DR. HENRY R. STEDMAN, Brookline, Mass.  
ANSON PHELPS STOKES, New Haven  
DR. CHARLES F. STOKES, Briarcliff, N. Y.  
DR. FREDERICK TILNEY, New York  
VICTOR MORRIS TYLER, New Haven  
MRS. WILLIAM K. VANDERBILT, New York  
HENRY VAN DYKE, Princeton  
DR. HENRY P. WALCOTT, Cambridge  
LILLIAN D. WALD, New York  
DR. WILLIAM H. WELCH, Baltimore  
BENJAMIN IDE WHEELER, Berkeley, Cal.  
DR. WILLIAM A. WHITE, Washington  
DR. HENRY SMITH WILLIAMS, New York  
ROBERT A. WOODS, Boston  
ROBERT M. YERKES, Minneapolis

CHIEF PURPOSES: To work for the conservation of mental health; to promote the study of mental disorders and mental defects in all their forms and relations; to obtain and disseminate reliable data concerning them; to help raise the standards of care and treatment; to help coordinate existing agencies, federal, state and local, and to organize in every state an affiliated Society for Mental Hygiene.

YALE MEDICAL  
AUG 1959  
LIBRARY  
R5495  
919C

[Reprinted from MENTAL HYGIENE, Vol. III, No. 1, pp.16-23, January, 1919.]

## NERVOUS CHILDREN AND THEIR TRAINING\*

C. MACFIE CAMPBELL, M.D.

*Johns Hopkins Hospital, Baltimore*

THE healthy adult is the man or woman who not only has a healthy set of organs, but who adapts himself or herself in a well-balanced manner to the tasks, which life puts before each one. In a large number of patients the physician is perplexed by troublesome symptoms, for which there seems to be no good excuse. The stomach is sound, but the patient vomits; the heart is sound, but palpitation makes exercise impossible; eyes, teeth, nose and throat, etc., are in good condition, but the patient is kept by headache from doing useful work; the muscles seem in good condition, but the patient is incapacitated by weakness; without the usual basis being present sleeplessness, bad dreams, unpleasant sensations, unexplained aches, fears of all types, fainting attacks, combine to perplex the physician, who comforts himself by calling the symptoms nervous. The term which comforts the physician merely irritates the patient, who feels that in some way he is to blame for having such irregular disorders, for which there is not a convenient series of prescriptions.

The physician, not content with giving a name to the condition, may try to understand the origin of the symptoms; he finds that he is either dealing with patients of special sensitiveness along certain lines, or with the inability of the patient to adapt himself to definite problems in life. Inability to digest one's food may cause gastric symptoms; but similar symptoms may develop from inability to digest a distasteful situation. One man may react with a variety of disagreeable gastric reactions to trouble, which, in another, causes heart sensations, or in a third causes headache.

Such are the problems of the nervous adult, and in the study of the individual patient the physician is led back to the study of his childhood and of the influences that modified his habits; and already in childhood he may find traces of special sensitiveness or of

\* Read as part of a symposium on mental hygiene and education at the annual meeting of the Massachusetts Society for Mental Hygiene, Tremont Temple, Boston, January 16, 1919. The other papers in the symposium were: "The Need for Instruction in Mental Hygiene in Medical, Law and Theological Schools," by Dr. H. Douglas Singer; "Mental Hygiene and the Public School," by Dr. Arnold Gesell; "Facts of Mental Hygiene for Teachers," by Dr. Walter F. Dearborn, and "The Smith College Experiment in Training for Psychiatric Social Work," by Dr. W. A. Neilson, pages 4, 11, 24, 59, MENTAL HYGIENE, Vol. III, No. 1.

inability to face successfully the tests of life. Frequently the tests have been made unnecessarily difficult, aid has been withheld, the child has stumbled painfully where it might have had a helping hand, has shrunk back where it might have been encouraged to proceed; sometimes special sensitiveness has been developed and fixed, instead of being modified and reduced, and hot-house care has made it difficult for the plant later to thrive in the gusty outside air.

A few brief records of nervous children may give a useful basis for discussion. To begin with one may choose a case where the child had some difficulty in meeting one of the most fundamental tests of life, the feeding test. The nutrition of children is an important problem, but the feeding test includes more than the problem of nutrition; it is important, of course, that the child gets a diet of the right chemical composition, it is equally important in this early contest with the environment that it should develop good habits of adapting itself to a well-regulated régime and not find an opportunity of imposing its tyranny on the environment. We are all familiar with the adult gastric invalid, whose apparent inability to digest ordinary wholesome food is a weapon of great effect; we may see the early phase of this tyrant in the following child, nine years of age. His parents brought him to the dispensary because he suffered from "nervousness and stomach trouble"; he would vomit very easily. As a baby he was nursed by his mother for two years, as she had no idea of the care of a baby. As a young child he was not capricious as to food, but he soon became so. He disliked cereal; he would not take milk, unless bribed by the addition of some coffee; he disliked eggs. If urged to take more of some food which he disliked, he would threaten to vomit, and make good his threat. His facility in vomiting was a powerful club held over his mother. He slept very heavily in the morning; in order to get him to school in time the mother would help to dress him. Instead of cultivating independence on his part, the mother had allowed this situation to develop; no doubt the mother found this dependence not altogether unwelcome, it kept her boy a baby a little longer.

The child was pushed a little too much in his studies, partly owing to the ambition of the parents; in addition to public school, he attended Hebrew school in the afternoon, in deference to the religious demands of the grandparents.

When he was six or seven the birth of a little sister made him ask his mother questions; his embarrassed mother told him the stork



story. When he was eight he learned the real facts from another boy; he put them before his mother and asked her why she had deceived him. She denied the facts, reiterated the stork story. One year later he again referred to the topic and when she denied the facts he merely laughed.

This case might be used as a text for an extended commentary; a brief one will have to suffice. The boy evidently had a constitution somewhat more sensitive than the average; his vomiting mechanism was more easily touched off, and this was utilized to dominate the situation according to his caprice. This was ill preparation for a world whose dietary laws one should be trained to respect. The restless sleep and morning drowsiness were possibly related to his school routine; but this routine was not determined by objective laws of mental development, but by the ambitions of the parents and grandparents. The mother's fondness, which led her to dress and bathe the boy, was a disservice to him; it tended to foster a dependence on the mother, to develop a claim to a certain type of devotion, which might hamper him in the later development of his affections, when the time should come for him to emancipate himself from the mother and to look outside the family for a partner in life.

The treatment of this boy's nervousness did not consist in giving him tonics or sedatives, as if the tissues were at fault; it consisted in trying to cultivate better habits of adaptation to life, and in order to do so the school program had to be revised and the mother and father had to be educated in the fundamental principles of mental hygiene. Eighteen months later the boy reported that he now ate everything; his mother, however, was still bathing her ten-year-old boy.

One other point may be referred to before leaving this case. The mother had evaded the boy's direct questions as to child-birth by telling him what was not true; she had later denied the truth when he put it before her. In other words, in relation to a problem in life, which frequently proves the greatest stumbling block to sensitive constitutions, she had not only refused to give him any help, but had given him a striking example; she had indicated to him that, in relation to that topic, honesty and frankness and clear thought are not to be encouraged, and that mystery and dishonesty are to be tolerated. If we ask why the mother dealt in this way with such an important issue, the answer is on account of her own embarrassment, not on account of rational

considerations. To have given the boy a good start in relation to this problem, the mother would have had to be frank with herself; she complicated the boy's life by the fact that she could not face the topic frankly. No later lecture on sex hygiene given at home or in school, at any age determined by school authorities, could erase the impression of this behavior on the part of the mother. To train the child the parent has to train himself or herself; true education must involve the parent, much as we dislike to think that our education is not completed. The time may come when special courses will be offered to parents who are still plastic and not fossilized, and who aim to adapt themselves to their children, as the more conventional education aims to adapt the children to the dogmas and prejudices of the parents.

Another boy of ten suffered from weakness and nausea in the morning; the mother said that he could not put on his clothes in the morning from weakness. He had a slightly faulty vaso-motor system as indicated by two fainting attacks and by his morning languor. He was occasionally allowed to spend the day in bed; he was irregular at school.

He frequently complained of nausea and was capricious as to his diet; he would not take milk. A competent specialist found no evidence of any gastro-intestinal disorder. An unfortunate and unjustified diagnosis of heart disease increased the solicitude of the parents. The mother stated that he *had to be* dressed every morning; she still bathed him. He had managed to dominate the environment so well that the mother could not play the piano because it annoyed the boy.

In this case one sees how the personal sentiments of the parents hampered seriously the child's development. The father, who had had a hard struggle, was now living his life again in the boy, and admitted "we indulge him—I want him to have what I have missed." He wanted the child to have those things which he had longed for, forgetting that in handing the boy these gifts without an effort on his part, he was giving the boy a poor training for life. The mother, dressing and bathing him, was hesitating to let him develop independence, just as she herself had hesitated to emancipate herself from her family. After her marriage she had visited her parents' home every morning, and if she failed to do so her father would call to see if she were perfectly well.

The frequent discussion of the whole situation with the parents led to a certain amount of cooperation on their part; they allowed

him to play more freely, and to go to school regularly; the morning nausea and languor disappeared. At the last report he was able to support his mother's piano playing without any evidence of irritation.

A boy of eight, who was brought to the dispensary on account of bed-wetting, and who showed a degree of modesty very unusual for a boy of his age, showed marked capriciousness as to diet; "once every two weeks he will eat a little chicken, but on the whole it is difficult to make him eat anything. He will eat scarcely any meat except a little raw meat, which I give him about three times a week." It is probable that here, too, the faulty habits in diet were partly to be attributed to the over solicitous and over indulgent mother.

A boy of seventeen who was still apt to climb in his mother's lap and wanted to be "mother's baby," was liable to vomit if sent to school, which he disliked; the solicitous mother, therefore, allowed the boy to stay at home.

Faulty habits in regard to sleep are as frequent as those in regard to food; here too the parent is liable to put on the constitution of the child the blame which is too often due to faulty training.

Frequently when the child is removed from the mother's bed or the mother's room there is a temporary sleep disturbance; in many cases this is a sufficient excuse for the mother to resume the previous arrangement and to keep the child beside her.

A girl of six was nervous, slept badly, had night terrors; she lived with a very solicitous grandmother who was afraid to let the little one out of her sight; the child had been infected with the same attitude and would be in a panic if she missed her grandmother for a little while. If the child was afraid at night she was taken into her grandmother's bed; she went to bed when her grandmother did. She was very capricious as to her food; the grandmother thought it a shame to force her to take a regular diet. The child's lack of appetite was due to the fact that she ate candy continually. The institution of a wise and more objective régime, one condition of which was sleeping in a cot by herself, soon brought about a great improvement in the sleep of the patient.

Another illustration of sleep disturbances is given by a girl of eleven, who was taken away from school owing to her nervous behavior. As a baby she was restless, and slept little at night. The mother stated that at three years the child would *have to be* taken up, and rocked by the mother until she would go to sleep. Instead

of having learned to adapt herself to a healthy régime insisted on by a wise parent, the child had formed poor associations, had managed to assert her own individual preference and had taught the mother to fall in with her demands. The mother said the child would *have to be* taken up, but this was a confession that the mother had to take her up, that the mother was unable to resist the appeal of the moment in order to establish sound sleep habits later.

Up to the age of six years the child slept in a crib in her mother's room; up to the age of eleven the mother would have to stay with her for an hour before the child would go to sleep; if the child had bad dreams and cried, she would be taken into the mother's bed. The child had St. Vitus' dance for several months.

There are children who have so arranged the household that the parent has to go to bed at an early hour, otherwise the child refuses to sleep; one little girl refused to allow her mother to leave the house after she herself had been put to bed. The mother had to remain in the house, if not in the room.

A frequent disorder of sleep is the occurrence of night terrors. In some cases no definite source of the trouble may be found; in others the night terrors seem to have some relation to the degree of stimulation of the child during the day. Thus the child may be indulging in too exciting play in the evening, or may be overstimulated by visits to moving pictures. In other cases the night terrors have a more complex origin, which it needs time and skill to trace. They are to be regarded as indicators of some disturbing element in the balance of the child and while it is well to examine the child for such simple conditions as adenoids etc., one should not ignore the possibility that the trouble is of more subtle origin in the instinctive and emotional life of the child.

Among other indications of nervousness in children may be mentioned tantrums, involuntary movements (St. Vitus' dance, tics), headache, attacks of various descriptions, precocious or anomalous sex interests or activities, romancing, morbid fears.

Children are suggestible and easily affected by those around them; the nervous child brought up in an atmosphere of headachy relatives may develop headache at an early age, and complaints of headache may become increasingly frequent. Thus school attendance may be seriously interfered with, while the headache may never appear to disturb week-end amusement. The in-coordinate movements of St. Vitus' dance (excluding cases of obviously toxic origin) form a striking picture and at once

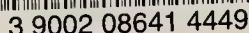


proclaim the nervous child; the exact cause of the condition in each individual case requires a careful and searching scrutiny of the instinctive and emotional life of the child. Sometimes it is the result of an impressionable child's seeing a schoolmate afflicted with a similar disorder; sometimes it is related to conflicts in the sexual sphere; sometimes the physician fails to determine the exact precipitating factor. The symptoms, however, indicate that we are dealing with a nervous child, whose resistance to stress and strain is less than that of the normal child; while the régime of the patient should not tend to develop an invalid attitude it must make allowance for his special limitations. It is not enough, however, to institute such an objective impersonal régime; it is important that the physician should endeavor to get on such terms with the child that any repressed worries or conflicts of the latter can be brought up for discussion and solution. For the nervous child two conditions are eminently salutary, first a wholesome objective régime, and second an atmosphere of frankness, in which he can get a fair chance to discuss his troubles.

It is especially in relation to the sexual instinct that a healthy atmosphere is of importance to the child. The method of assimilating this instinct is one of the best tests of the nervous balance of the child. Unfortunately the conventions of the nursery and the drawing room make us blind to the first sexual interests and activities of the child, and to the resultant conflicts. Symptoms arising on this basis have got to be explained in some more palatable way. Trouble with these feelings and activities may give rise to the most varied symptoms; and to deal in a straightforward way with these symptoms means that the parent has to face in a straightforward way facts, which the usual education and training have as a rule taught him to evade. The parent who can do this is a valuable asset to the nervous child.

To sum up: No endeavor has been made in this brief paper to cover systematically the conditions which might be included under nervousness in children. The nervous symptoms, of which a few have been mentioned, are signs that the child is of rather sensitive constitution, or is forming poor habits of adaptation, or is having difficulty with important personal problems. The personality of the child is as complex, if not as richly furnished, as that of the adult.

The treatment of nervous symptoms involves the training of the child, for the nervous symptoms may be only intelligible as part of



The physician who is confronted with the nervous symptoms of the child, finds that his task inevitably takes him into the home, and that he has to treat not a symptom but a situation. He has to sketch a program for the child and to get the cooperation of those who supervise the program, the parent and the teacher.

It is only when this cooperation is established and the missing educational links are supplied that adequate training of the nervous child, in fact of the normal child, will be attained.

[illegible]

# MENTAL HYGIENE

QUARTERLY MAGAZINE OF

THE NATIONAL COMMITTEE FOR MENTAL HYGIENE, INC.

EDITORIAL OFFICE:

50 UNION SQUARE, NEW YORK CITY

PUBLICATION OFFICE:

10 DEPOT STREET, CONCORD, N. H.

## EDITORIAL BOARD

THOMAS W. SALMON, M.D., *Medical Director, The National Committee for Mental Hygiene*  
 FRANKWOOD E. WILLIAMS, M.D., *Associate Medical Director, The National Committee for Mental Hygiene*  
 GEORGE BLUMER, M.D., *Dean of the Yale Medical School*  
 WALTER E. FERNALD, M.D., *Superintendent, Massachusetts School for Feeble-minded*  
 C. MACFIE CAMPBELL, M.D., *Associate Professor of Psychiatry, Johns Hopkins University*  
 AUGUST HOCH, M.D., *Former Director, Psychiatric Institute, N. Y. State Hospitals*  
 STEPHEN P. DUOGAN, Ph.D., *Professor of Education, College of the City of New York*  
 STEWART PATON, M.D., *Lecturer in Neuro-biology, Princeton University*

## INDEX

Editorial.....	1
Mental Hygiene and the Public School.....	Arnold Gesell 4
Facts of Mental Hygiene for Teachers.....	Walter F. Dearborn 11
Nervous Children and their Training.....	C. Macfie Campbell 16
The Need for Instruction in Mental Hygiene, in Medical, Law and Theological Schools.....	H. Douglas Singer 24
Rehabilitation and Reeducation—Physical, Mental and Social.....	Shepherd Ivory Franz 33
The Right to Marry; What can a Democratic Civilization Do about Heredity and Child Welfare?.....	Adolf Meyer 48
The Smith College Experiment in Training for Psychiatric Social Work.....	W. A. Neilson 59
The Social Service Bureau at Sing Sing Prison.....	Paul Wander 65
Annual Census of the Insane, Feeble-minded, Epileptics and Inebriates in Institutions in the United States, January 1, 1918.....	Horatio M. Pollock { Edith M. Furbush 78
Notes and Comments.....	108
Abstracts.....	
The Scope and Aim of Mental Hygiene. By William H. Burnham.....	133
Psychiatric Material in the Naval Prison at Portsmouth, N. H. By A. L. Jacoby.....	137
A Statistical Study of 164 Patients with Drug Psychoses. By Horatio M. Pollock.....	141
Mental Defectives and the Law. By Francis D. Gallatin.....	144
In Defense of Worry. Editorial in <i>The Outlook</i> .....	147
Book Reviews.....	
Medical and Surgical Therapy: Volume 2: Neuroses. Edited by Sir Alfred Keogh.....	C. Macfie Campbell 150
The Philosophy of Conduct; an Outline of Ethical Principles. By S. A. Martin.....	E. E. Southard 151
Practical Medicine Series: Volume 10: Nervous and Mental Diseases. Edited by Hugh T. Patrick and Lewis J. Pollock.....	Clarence O. Cheney 153
The Third and Fourth Generation; an Introduction to Heredity. By Elliot Rowland Downing.....	Charles B. Davenport 153
The Unmarried Mother. By Percy G. Kammerer.....	Ernest R. Groves 154
The Mental Survey. By Rudolf Pintner.....	Thomas H. Haines 155
Die Psychopathischen Verbrecher (The Psychopathic Criminal). By Karl Birnbaum.....	Bernard Glueck 157
Books Received.....	167
Current Bibliography.....	Mabel W. Brown 169
Directory of Societies and Committees for Mental Hygiene.....	176

MENTAL HYGIENE will aim to bring dependable information to everyone whose interest or whose work brings him into contact with mental problems. Writers of authority will present original communications and reviews of important books; noteworthy articles in periodicals out of convenient reach of the general public will be republished; reports of surveys, special investigations, and new methods of prevention or treatment in the broad field of mental hygiene and psychopathology will be presented and discussed in as non-technical a way as possible. It is our aim to make MENTAL HYGIENE indispensable to all thoughtful readers. Physicians, lawyers, educators, clergymen, public officials, and students of social problems will find the magazine of especial interest.

The National Committee for Mental Hygiene does not necessarily endorse or assume responsibility for opinions expressed or statements made. Articles presented are printed upon the authority of their writers. The reviewing of a book does not imply its recommendation by The National Committee for Mental Hygiene. Though all articles in this magazine are copyrighted, others may quote from them freely provided appropriate credit be given to MENTAL HYGIENE.

Subscription: Two dollars a year; fifty cents a single copy. Correspondence should be addressed and checks made payable to "Mental Hygiene," or to The National Committee for Mental Hygiene, Inc., 50 Union Square, New York City.

Copyright, 1918, by the National Committee for Mental Hygiene, Inc.

